These questions help septic system professionals determine the best level of care for your septic system. The questions can also help troubleshoot problems, address needed upgrades or changes, or other issues.

**Name_________________________**

**Phone Number_________________**

**Address_______________________**

**County/Township_________________**

**Permit No.____________________**

**Information about the home and residents:**
1. The house/cabin is used _____ full time, year-round _____ seasonal or part-time
2. Number of people living in the home: _____ adults _____ children age 0 – 11 _____ children age 12 & up
3. Current number of bedrooms______ number of bedrooms in original design______
   number of bathrooms: ____ full ____ three-fourths ____ half
4. Do you have an in-home business? _____ If yes – what is it_____

**Information about the Septic System:** *italicized answers best protect your system.*
5. Number of septic tanks or chambers in tanks:______ capacity of tanks in gallons______ ____ unknown.
6. Date of last pumping or evaluation: ___________ How many tanks pumped______ ____ unknown.
7. Are there risers on the septic tank manholes? _____ yes _____ no _____ unknown
8. Are the risers insulated for freezing protection, and well secured for safety? _____ yes _____ no _____ unknown
9. Is there an effluent screen on the outlet baffle of the tank? _____ yes _____ no _____ unknown
10. If an effluent screen is present, do you maintain it? _____ the pumper checks it _____ yes _____ unknown
11. Do you know how old your septic system is? _____ no _____ yes, installed in ___________
12. Are you aware of any problems or repairs? _____ Describe:______________________________

**Questions for Drainfield Area:**
13. Has the system ever frozen? _____ Yes, specify where_________________________________ _____ no _____ unknown
14. Do you use septic tank or system additives? _____ no _____ yes, we have added____________________
15. Have you noticed any odors?_____ Where?___________________________________________
16. We have: ___in-ground soil treatment area___above ground___other___________________________
17. We mow the grass over the drainfield regularly _____ yes _____ no
18. We keep all vehicles, snowmobiles, dirt bikes, 4-wheelers, other items off our drain field area _____ yes _____ no
19. Pumps: _____ yes, our system has pumps _____ no _____ unknown ______ Gallons/dose ______ Doses/day_____
20. Alarms: ____ alarms are present for pumps and/or effluent screen. _____ Alarms do not work ______ We do not have any alarms.
21. Well: _____ yes _____ no Well casing depth_____feet Distance from drainfield____feet
22. Is this your first home with a septic system? ____________
   Are you familiar with the “dos and don’ts” of a septic system? ___________________________
   Do you have a copy of the *Septic System Owner’s Guide* from the University of Minnesota? __________
Homeowner Survey: 
Onsite Septic System

Household product and use information: italicized answers best protect your system.

23. Garbage Disposal: (circle) ______ no ______ yes, and use it ___ often ___ rarely ______ never

24. Dishwasher: ______ no ______ yes ______ loads per week
   we use ______ gel or ______ powdered detergents. ______ we read labels for phosphorus content.
   Does it discharge to the septic system? ______ yes ______ no

25. Clothes Washer: ______ no ______ yes, and wash ______ loads/week. ___ We wash more than 1 load/day.
   We have: _____ an older agitator top loading washer _____ suds-saver washer _____ front loading washer
   We use ___ liquid or ___ powdered laundry detergents. Lint screen on the washer? ___ Yes ___ no
   Amount of laundry bleach used in one week: ______________ Type? ______________
   Does it discharge to the septic system? _____ yes _____ no

26. Water Softener ______ no ______ yes, and it discharges to the septic system ______ yes ______ no

27. Other water treatment filter: what? ______________ it discharges to the septic system ______ yes ______ no

28. Whirlpool bathtub: ______ no ______ yes, and it discharges to the septic system ______ yes ______ no

29. Sump Pump? ______ no ______ yes, and it discharges to the septic system ______ yes ______ no

30. Floor, roof or other drains? ______ no ______ yes, and it discharges to the septic system ______ yes ______ no

31. Skin care products: bath and shaving oils, creams, moisturizers: ______ yes, we use these. Times/week: ______________

32. Anti-bacterial soaps, cleansers: ______ yes, we use these ______ no, we do not use anti-bacterials.

33. Cleaning products: indicate those used: ______ Every-flush toilet cleaners
   ______ after-shower door cleaners ______ drain cleaners ______ bleach-based kitchen and bathroom cleansers
   List other commonly used cleaning products: _________________________________________________

34. Toilet Paper: number of rolls used per week ______

35. Prescription Drugs used long-term: ______ no ______ yes,
   __________________________ type of medicine
   __________________________ type of medicine

36. We dispose of un-needed prescription drugs by ___________________________________________

37. Please attach system sketch if available. Include: footing drains, surface drainage and system replacement area

What questions do you have?